

Department of Employee Trust Funds
P. O. Box 7931
Madison, WI 53707-7931

NEW EMPLOYEE BENEFIT CHECKLIST

Employee Name:	Social Security Number
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- ☐ **A. New Employee Hired**
- ☐ 1. Determine eligibility for WRS (See Eligibility Worksheet on reverse and *WRS Administration Manual*, ET-1127, Chapter 3)
 - ☐ 2. Previous Service Check (FAX ET-1715 form to (608) 266-5801 or call ETF toll free at 1-888-681-3952 or local at (608) 264-7900 or access ONE, (On-line Network for Employers, formerly Extranet).
 - ☐ 3. Was a previous service check completed? ☐ Yes ☐ No
 - ☐ 4. WRS service (Local: _____ years _____ months)
(State: _____ years _____ months)
 - ☐ 5. Separation benefit taken? ☐ Yes ☐ No
 - ☐ 6. Is the employee a "rehired annuitant"? ☐ Yes ☐ No
If yes and in a WRS eligible position, was a *Rehired Annuitant Election* (ET-2319) completed? ☐ Yes ☐ No
- ☐ **B. WRS Retirement Program** - www.etf.wi.gov
- ☐ 1. *Your Benefit Handbook* (ET-2119)
 - ☐ 2. Enrollment and Employment Category (ET-2316)
 - ☐ 3. *Variable Election Form* (ET-2356)
 - ☐ 4. *Additional Contributions* (ET-2123)
- ☐ **C. Wisconsin Public Employers Group Life Insurance** - www.etf.wi.gov
- ☐ 1. *WPE Group Life Insurance Brochure* (ET-2101)
 - ☐ 2. Enrollment/application (ET-2304) Provided _____ Due _____ Returned _____
- ☐ **D. Health Insurance** - www.etf.wi.gov
- ☐ 1. *It's Your Choice* - Local (ET-2128)
 - ☐ 2. *It's Your Choice* - State (ET-2107)
 - ☐ 3. Enrollment/Application (ET-2301) Provided _____ Due _____ Returned _____
- ☐ **E. Income Continuation Insurance** - www.etf.wi.gov
- ☐ 1. *Income Continuation Insurance - Local* (ET-2129)
 - ☐ 2. *Income Continuation Insurance - State* (ET-2106)
 - ☐ 3. Enrollment/Application (ET-2307) Provided _____ Due _____ Returned _____
- ☐ **F. Wisconsin Deferred Compensation** (1-877-457-9327) - www.wdc457.org
- ☐ 1. Brochure
 - ☐ 2. Enrollment (WDC form – non-ETF form) Provided _____ Due _____ Returned _____
- ☐ **G. Employee Reimbursement Account** (State Only) - www.etf.wi.gov
- ☐ 1. Benefits Booklet
 - ☐ 2. Enrollment/Application (FBMC form) Provided _____ Due _____ Returned _____
- ☐ **H. Long Term Care Insurance** (State Only) – www.etf.wi.gov
- ☐ 1. Brochures and Applications (Company specific forms - non-ETF forms)
- ☐ **I. EPIC** (State Only) -
- ☐ 1. Brochure/Application (EPIC form - non-ETF form)

The Payroll Representative signature represents confirmation that information was presented, due dates identified, and appropriate forms supplied for all ETF administered benefits offered by the employer.

The Employee Acknowledgment signature represents receipt of materials and recognition of due dates.

Date (MM/DD/CCYY)	Payroll Representative	Date (MM/DD/CCYY)	Employee Acknowledgment
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WRS Eligibility Worksheet For New Employees

1. Date of hire: _____

2. Expectations upon hire are:

Hours per year: _____

For how long: _____

If the expectations in #2 are 600 hours for non-teachers or 440 hours for teacher per year and for at least one year, enroll immediately in WRS with the effective date as the first day that compensable service is rendered (no further monitoring is required).

If the expectations in #2 are **less** than 600 hours for non-teachers or 440 hours for teachers per year **or for less** than one year, go to Step 3.

3. Monitor employee's expectation of employment for changes for one year from date of hire.

a. If within the first year after hire date in #1, either expectation changes to:

- 1) Employee expected to work 600 hours or more for non-teachers or 440 hours or more for teachers **and**
- 2) For at least one year.

b. Enroll immediately on the date the expectation changed, i.e. when the employee accepts the position with additional hours or a change in the length of employment (no further monitoring is required).

c. Date the expectation changed _____.

d. Expectation changed due to _____.

4. If expectation did **not** change during the first year, then on the one-year anniversary date, review the **actual hours worked** from the date of hire (#1) through the one-year anniversary date.

a. Number of hours _____ worked from _____ through _____
(#1) (one year anniversary date)

If the number of hours in #4 a. is 600 hours or more for non-teachers or 440 hours or more for teachers enroll in WRS on the one-year anniversary date of _____
(no further monitoring is required).

If the number of hours in #4 a. is **less** than 600 hours for non-teachers or 440 hours for teachers, go to Step 5.

b. Date enrolled in WRS _____ (one year anniversary date).

5. Requires continuous monitoring of one-year period by adding the hours in the most recent payroll period and dropping the hours in the oldest payroll period.

a. 600 hours for non-teachers or 440 hours for teachers met on _____.
(enroll in WRS on this date).

If rehired employee, please see *WRS Employer Manual* Chapter 3. If rehired annuitant see Chapter 15.